

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>J.B.</i>	<i>202005211-00</i>	
<b>O.I.P.E. CLASSIFIER</b>		<i>8</i>	<i>717-00</i>
<b>FORMALITY REVIEW</b>		<i>71634</i>	<i>8/22/00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
-	Restricted	O	Objected

Claim	Date
Final	
Original	
1	7/12/00 ✓
2	✓
3	✓
4	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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